## PATENT APPLICATION FEE DETERMINATION RECORD

Effective OCHObor1, 2003

9/340718

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY		ΩĐ	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			1	<u></u>			ſ	RATE	FEE	1 1	RATE	FEE
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BASIC FEE	•	OR	BASIC FEE	
TC	TAL CHARGE	ABLE CLAIMS	minus 20= *					X\$9 =		OR	X\$18 =	
INE	DEPENDENT C	LAIMS	m	inus 3 =	*			X43=		OR	×8b=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If	the difference	in column 1 is	less than z	ero, ente	r "0" in c	column 2	L	TOTAL	<del> </del>	OR	TOTAL	
(	NES		MENDED - PART II (Column 2) (Column 3)					SMALL ENTITY			OTHER THAN SMALL ENTITY	
7		(Column 1) CLAIMS			MN 2). HEST	(Column 3)		SWALL	-	OR i 1	DIVIALL	
AMENDMENTA		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	. 27	Minus	** .	12	E .		x\$9=		OR	X\$(8=	٠,
AME	Independent	* 7 ENTATION OF M	Minus	***	3			X43=	·	OR	736	
	THOTPHESE	STATION OF WI	OLITPLE DEI	ENDEN	CLANVI			+(45:=		OR	-0PG-	
•		•					L A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)				•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total	*	Minus	**		u.		x\$9=		OR	×\$/8=	
AME	Independent	*	Minus	***		=		X43=		OR	×86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDEN	CLAIM	لىلى	<sup> </sup>	+145=		OR	+290=	
		•					L	TOTAL			TOTAL	
							A	DDIT. FEE		Un ,	ADDIT: FEE	
· ·		(Column 1) CLAIMS		(Colur HIGH		(Column 3)	١					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$9=	-	OR	X\$[8:=	
AME	Independent	*	Minus	***		=		x43=	i	OR	×86	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM					- 1		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+∂A©= 1'OTAL	
**	the "Highest Nur	mber Previously Pa mber Previously Pa	id For" IN THIS	S SPACE is	s less thar	n 20, enter "20."	, At	DDIT. FEE		OR ,	ODIT. FEE	
		ber Previously Paid					r foun	d in the app	ropriate box	in coli	umn 1.	